

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUL 06 2007

In Re Patent Application Of:

K. Segawa et al.

For: SLIDE FASTENER

Serial No.: 10/518,145

Filed: December 17, 2004

Examiner: James R. Brittain

Art Unit: 3677

Conf. No.: 9949

Atty Dkt. No.: 114216-016

CERTIFICATE OF TRANSMISSION BY FACSIMILE

VIA FACSIMILE TO (571) 273-8300

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 571-273-8300) on July 6, 2007.

1. Amendment Transmittal (1 pg.); and
2. Response to Office Action (6 pgs.).

Respectfully submitted,

EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: July 6, 2007

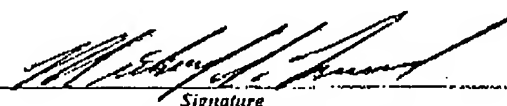
BY


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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 114216-016	
Applicant(s): K. Segawa et al.						
Application No. 10/518,145	Filing Date December 17, 2004	Examiner James R. Brittain	Customer No. 43793	Group Art Unit 3677	Confirmation No. 9949	
Invention: SLIDE FASTENER						
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<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	5 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3189 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: July 6, 2007			
Michael S. Leonard, Reg. No. 37,557 Everest Intellectual Property Law Group P.O. Box 708 Northbrook, IL 60065 Phone: (847) 272-3400			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
cc:			Signature of Person Mailing Correspondence			
			Typed or Printed Name of Person Mailing Correspondence			

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Alexandria, VA 22313-1450

Sir:

This Response is submitted in response to the final Office Action mailed April 6, 2007.
Applicants request amendment, reconsideration and allowance of the patent application.

Applicants invite the Examiner to call Applicants' Representative to discuss any issues
with this application.

Listing of Claims begins on page 2 of this Response.

Remarks begin on page 4 of this Response.